

**Our Lady of the Lake Church**  
**580 Monponsett St.**  
**Halifax, MA 02338**  
**Phone: 781-294-4571 Fax: 781-293-7969**

**SPONSOR FORM**

Name of Sponsor \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

I have been asked by \_\_\_\_\_ (candidate's name) to be his/her Sponsor for the Sacrament of Confirmation.

I am a baptized and Confirmed Roman Catholic. I believe in Jesus Christ and attempt by my prayers and action to live a life in harmony with the Gospels.

I am a member of \_\_\_\_\_ Parish. I am a faithful member. I worship with this faith community and receive the sacraments. I understand that to be a sponsor and a witness for the reception of Confirmation is a serious responsibility. I believe that I can be an effective witness for the Sacrament of Confirmation.

I am \_\_\_\_\_ single \_\_\_\_\_ married according to the laws of the Catholic Church.

Sponsor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY YOUR PARISH PRIEST, IF NOT A MEMBER OF OUR LADY OF THE LAKE PARISH.**

I testify that the above named is a member of this parish, and in my judgment fulfills all the requirements to be a sponsor for the Sacrament of Confirmation.

PASTOR'S  
SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* SEAL \*\*\*\*\*